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County: Winnebago VALLHAVEN CARE CENTER 125 BYRD AVENUE Facility ID: 3400 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on Skilled No Yes Average Daily Census: 118

**************************************	****	11O ***********	******	******	******	*******	*****
${\bf Services\ Provided\ to\ Non-Residents}$		Age, Sex, and Primary Diagn	osis of	Residents $(12/3)$	1/00)	Length of Stay (12/31/0	0) %
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for Developmentally Disabled	No No No No No No No No No No No No No N	Primary Diagnosis  Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular Cerebrovascular Diabetes Respiratory Other Medical Conditions	% 0.8 14.4 12.7 0.0 0.8 5.1 3.4 12.7 16.1 2.5 4.2 27.1	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over  65 & Over  Sex  Mal e Femal e	5. 9 12. 7 35. 6 39. 8 5. 9 100. 0 94. 1	Less Than 1 Year 1 - 4 Years More Than 4 Years  **********************  Full-Time Equival Nursing Staff per 100 (12/31/00)  RNs LPNs Nursing Assistants Aides & Orderlies	39. 0 35. 6 25. 4 
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## Method of Reimbursement

	Medicare Medicaid (Title 18) (Title 19)			Other Private			Pay			Percent							
			Per Die	em		Per Die	m		Per Die	m		Per Dien	1	Ü	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	2	2. 6	\$108. 79	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	2	1. 7%
Skilled Care	19	100.0	\$256.93	71	91.0	\$92.63	0	0.0	\$0.00	19	100.0	\$126.00	1	100.0	\$194.00	110	93. 2%
Intermedi ate				5	6.4	\$76.47	1 1	100.0	\$76.47	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	6	5. 1%
Limited Care				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Residential Care				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Dev. Di sabl ed				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Ventilator-Depender	nt 0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Total	19	100.0		78	100. 0		1 1	100.0		19	100.0		1	100.0		118	100. 0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti d	ons, Services	, and Activities as of	12/31/00
beachs builing Reporting Terrou				%	Needi ng		Total
Percent Admissions from:		Activities of	%		stance of	% Totally	Number of
Private Home/No Home Health	4. 2	Daily Living (ADL)	Independent	One (	r Two Staff	Dependent	Resi dents
Private Home/With Home Health	0. 0	Bathi ng ``	5. 9		83. 9	10. 2	118
Other Nursing Homes	0.6	Dressing	15. 3		74. 6	10. 2	118
Acute Care Hospitals	92.8	Transferring	24. 6		61. 0	14. 4	118
Psych. HospMR/DD Facilities	0.0	Toilet Use	22. 9		63. 6	13. 6	118
Reĥabilitation Hospitals	0. 0	Eating	67. 8		23. 7	8. 5	118
Other Locations	2.4	***************	******	******	*******	********	*****
Total Number of Admissions	167	Continence		%	Special Trea		_ %
Percent Discharges To:		Indwelling Or Externa		11.0		Respiratory Care	5. 1
Private Home/No Home Health	22. 2	Occ/Freq. Incontinent		50. 8		Tracheostomy Care	0. 8
Private Home/With Home Health	13.8	Occ/Freq. Incontinent	of Bowel	27. 1	Recei vi ng		0. 8
Other Nursing Homes	3. 6					Ostomy Care	1. 7
Acute Care Hospitals	19. 2	Mobility_	_			Tube Feeding	4. 2
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	6. 8	Recei vi ng	Mechanically Altered Di	ets 26.3
Rehabilitation Hospitals	0. 0						
Other Locations	10.8	Ski n_Care				nt Characteristics	
Deaths	30. 5	With Pressure Sores		6. 8		ce Directives	50. 8
Total Number of Discharges		With Rashes		0. 0	Medi cati ons		
(Including Deaths)	167				Recei vi ng	Psychoactive Drugs	41. 5

		Ownershi p:		Bed Size:		Li censure:			
	Thi s	This Proprietary		100- 199		Skilled		Al l	
	Facility	Peer Group		Peer	Group	Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	83. 1	82. 5	1.01	83. 6	0. 99	84. 1	0. 99	84. 5	0. 98
Current Residents from In-County	93. 2	83. 3	1. 12	86. 1	1.08	83. 5	1. 12	77. 5	1. 20
Admissions from In-County, Still Residing	25. 7	19. 9	1. 29	22. 5	1. 14	22. 9	1. 13	21. 5	1. 20
Admi ssi ons/Average Daily Census	141. 5	170. 1	0. 83	144. 6	0. 98	134. 3	1.05	124. 3	1. 14
Discharges/Average Daily Census	141. 5	170. 7	0. 83	146. 1	0. 97	135. 6	1.04	126. 1	1. 12
Discharges To Private Residence/Average Daily Census	<b>50. 8</b>	70. 8	0. 72	<b>56</b> . 1	0. 91	<b>53. 6</b>	0. 95	49. 9	1.02
Residents Receiving Skilled Care	94. 9	91. 2	1. 04	91. 5	1.04	90. 1	1. 05	83. 3	1. 14
Residents Aged 65 and Older	94. 1	93. 7	1.00	92. 9	1.01	92. 7	1. 01	87. 7	1.07
Title 19 (Médicaid) Funded Residents	66. 1	62. 6	1.06	63. 9	1.03	63. 5	1.04	69. 0	0. 96
Private Pay Funded Residents	16. 1	24. 4	0. 66	24. 5	0. 66	27. 0	0. 60	22. 6	0.71
Developmentally Disabled Residents	0. 8	0. 8	1. 10	0.8	1.03	1. 3	0. 67	7. 6	0. 11
Mentally Ill Residents	27. 1	30. 6	0. 88	36. 0	0. 75	37. 3	0. 73	33. 3	0. 81
General Medical Service Residents	27. 1	19. 9	1. 36	21. 1	1. 29	19. 2	1.41	18. 4	1. 47
Impaired ADL (Mean)	42. 2	48. 6	0.87	50. 5	0. 84	49. 7	0.85	49. 4	0.85
Psychological Problems	41. 5	47. 2	0. 88	49. 4	0.84	50. 7	0. 82	50. 1	0.83
Nursing Care Required (Mean)	5. 7	6. 2	0. 93	6. 2	0. 93	6. 4	0. 89	7. 2	0. 80